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CHRONIC FLUXES OF THE BOWELS.

THE last number of the American Journal contains a valuable article by Dr. N. Chapman on this affection of the bowels. The various symptoms of the disease are referred to, and its causes enumerated. Among the latter are mentioned malaria, irritation of the primæ viæ from improper aliments and drinks, and a too frequent purging with drastic articles, particularly mercury. The exanthemata are also an occasional cause of the disease. The various kinds of flux thus produced, together with the treatment, are dwelt upon in detail. The author lastly treats of the regimen, exercise, &c., suitable in such cases, and these remarks we quote entire.

“As to diet, it is usual to select those articles supposed from their astringency to bind the bowels, which I think is a mistaken notion, derived from the false doctrine that the discharge constituting the disease—the great purpose in the cure is to restrain it. The indication, on the contrary, is to soothe irritation by the blandest nutriment, thus making it harmonize with the other parts of the treatment. It is customary, as having this property, and by which they are so well adapted, to commence with the mucilaginous or farinaceous matters—that of gum arabic, the slippery elm or the benne, and tapioca, sago, sallop, arrow root, rice, flour, &c. Gruel and thin broths, though usually proscribed, from an apprehension of their running through the bowels, I have found, on the same principle of allaying irritation, very appropriate. We direct them in cholera morbus, and why not in the present case? Milk, on some occasions where the stomach is not sour, answers very well—and perhaps no article more uniformly agrees with the patient than buttermilk.

“Milk may be given alone, or thickened with some of the farinaceous matters mentioned above, the best of which is wheat flour, thus prepared—enclose in several folds of linen half a pound or more of it, drawn tight into a ball, and then boil it for several hours in a pot of water. On cooling it becomes hard, and must be grated into a powder.

“Digestible solids, as mutton, fowl, or game, oysters, raw or slightly roasted, may subsequently, on the abatement of irritation, be allowed—and I have seen benefit from an occasional indulgence in a small portion of ham or salt fish under similar circumstances.

“Crackers or stale leaven bread are only proper. Fruit I have sometimes known to be appropriate, particularly peaches. The dew or blackberry has a large share of popular confidence in this respect, to which it

is not more entitled than strawberries. These, and I may add oranges, habitually and almost exclusively used, have cured the disease. Mentioning on a former occasion some cases to this purport as regards the latter, the physician-general of the British forces in Canada, who happened to be present, informed me that his wife, having suffered from diarrhœa for a long period, during which she had visited Europe and received there the best medical advice without avail, was finally cured by living entirely on oranges, to which she was prompted by an irresistible instinctive desire. Yet generally fruits disagree, or prove as injurious as the common vegetables. The best drink at first is rice or barley-water, or some similar article, and brandy and water or port wine in the advanced atonic stages. Neither much food nor drink should be permitted at a time, it being very apt at once to run through the bowels; nor the latter be very cold, for the same reason.

"Many of the cases of diarrhœa, and especially of long standing, may be considered as materially dependent on dyspepsia, and hence all the dietetic rules in relation to that affection are to be observed, together with a recurrence to the ordinary remedies for its removal.

"No one questions the necessity of preserving an equable temperature on the surface in the intestinal affections, and among the best means of securing it is a flannel roller, while at the same time by its compression, further and more decided effects are attained. Equally important is it carefully to protect the feet—these, when cold, hardly ever failing to revive or exasperate the affection.

"Exercise has been greatly insisted on as a curative measure: but whether it operates for good or evil, will depend on its being properly timed. During the continuance of any activity of phlogosis it must be avoided—absolute rest, even in the recumbent posture, having the most beneficial influence under such circumstances. It is indeed, in many instances, the *sine qua non*, or without which everything else will prove nugatory—while, in an opposite or atonic condition, taken in any mode it is eminently serviceable, though more so on horseback, and particularly if it be extended to a long journey. More than one of our watering places, the White Sulphur and Warm Springs of Virginia especially, are deemed very efficacious, and hence may be worthy of trial.

"Even, however, if all these expedients fail, we are not to abandon the patient. As a last resort, a sea voyage to some temperate climate should be recommended. This is a very important measure, and will sometimes succeed when all others have proved unavailing.

"It is matter of great moment to remove these fluxes. Exhausting as they may be in their immediate effects, they are connected with pathological conditions, which become aggravated by delay, leading too often to the saddest catastrophe. Looking at some of the results only, 'the bowels,' says a late writer rather quaintly, 'being unfaithful to the stomach, and, instead of playing fair, let go their hold of the *pabulum vitæ* before the lacteals have properly performed the process which that grand organ has prepared for them, nutrition must be deficient, and the consequences of inanition ultimately take place. Nor,' continues he, 'does the mischief stop here. Locke tells us that people with relaxed

bowels have seldom strong thoughts or strong bodies. To a certain extent this may be true, and it is one of the numerous instances illustrative of the ultimate dependence of our moral on our physical condition."

"CRUDEN," AUSCULTATION, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—To the metropolitan writer who conceals his real name under that of Cruden (Vide page 271 of this vol.), and asks you "to tell us if Dr. Allen's auscultation is not a little out of joint," I wish to reply by asking him to tell us where Dr. A. has represented "a distinct respiratory murmur and pectoriloquism in the apex of the left lung." It is probable he relies on the following sentence to sustain the affirmative of his interrogative. "A hectic lady, whom I examined in 1834, gave no distinct respiratory murmur at the apex of the left lung till after a paroxysm of coughing, when pectoriloquism was very clear and distinct." Now the fair and natural conclusion to be drawn from this sentence is, that there was no "distinct respiratory murmur" either before or after the paroxysm of coughing; and for the plain reason, that it is expressly stated there was none before, and it is evident there could not have been any afterwards, because it says "pectoriloquism was very clear and distinct." This latter clause in the sentence is tantamount to saying plainly there was no distinct respiratory murmur afterwards, because this would have been incompatible with pectoriloquism.

2. Again, Cruden asks, "are there any bronchial glands in the upper portion of the right lung?" Why not, Mr. Cruden? It will be observed the language has a direct reference to "the upper portion of the right lung." It is not confined to the tracheæ or bronchiæ, but to the lung—which means an assemblage of all the parts requisite to constitute a lung or organ not only fitted to prepare the blood for its proper use in the animal economy, and to secrete or disengage the pulmonary transpiration, but possessing in its organization all the systems or structures for its formation, renovation, and preservation. It is considered that a component or essential part of the lungs is the absorbents—that these are every where dispersed, not only on the surface, but to the minute and interior part of the lungs—that they accompany the bronchial tubes and penetrate into the bronchial glands which are situated where those numerous air vessels divide. The lymphatic tissue is probably the most frequent seat of morbid change of structure in the lungs. "There are," says Andral, "few parts of the body where tubercular matter is more frequently deposited than in the lymphatic ganglions." Melanotic and calcareous matters are also frequently deposited in this structure. May it not be on account of the great tendency which this portion of the lymphatic system has to become the seat of tubercular accretion, that the lungs so frequently become thus affected? (Vide Richerand's Physiology; also, Andral's Pathological Anatomy.) The lymphatic system embracing the glands or ganglions, these are represented as being scattered

in every portion of the lungs, but more numerous and visibly near the root of each lung. Hence this important respiratory organ would fail in an essential point of being lung, without bronchial or lymphatic glands, or ganglions. It might indeed possess most of the physical characteristics of the organ, but must fail in its functional operations. Therefore, Cruden's question amounts to this, "If in the upper portion of the right lung there be any lung?" Sage question, indeed, for a metropolitan critic.

3. Further, says he, "Dr. Allen's cases, though interesting and valuable, do not, I think, exhibit a specimen of that most rare disease, diffuse gangrene of the lungs." This is a rare discovery. And how did Cruden learn it? Certainly not from my cases of gangrene of the lungs, because they were not all then published. His interrogatives bear date Boston, Nov. 15th, and my cases were not all published till the 16th. Surely, it must be a wise critic who can proceed in advance of the criticised writer.

But to be more serious, suppose my cases did not "exhibit a specimen of that most rare disease, diffuse gangrene of the lungs"—what then? I never intimated that they did, but published that *they did not*. This objection is, therefore, as appropriate as if he had said, "they (the cases) are interesting and valuable, but do not, I think, exhibit a specimen of a fracture of the leg."

4. Inquires C., "Is not 'a hollow sound' the natural sound to be elicited by percussion of the healthy thorax?"

The indications derived from percussion are very simple. They consist merely in a greater or less degree of density of the part upon which the operation is performed. It is by comparison that any knowledge of use can be obtained from this source. For instance, the resonance on percussion is dull in proportion to the density of the part; and, on the contrary, is clear, loud or distinct, in proportion as the density diminishes, all circumstances being equal. This variation of resonance is made much more perceptible by the use of the pleximeter. When there is a solidification of a lung or part of a lung to considerable extent, or there is much effusion into the thoracic cavity, as in cases of empyema or hydro-thorax, the resonance will be dull and indistinct; and, on the contrary, when there is gaseous effusion either into the parenchyma of the lungs or into the cavity of the chest, as in cases of emphysema of the lungs or pneumo-thorax, the sound elicited on percussion will be louder and clearer than that produced by the same measure applied to a healthy thorax. The same is also true in cases of large pulmonary excavations, or when one lung has been destroyed by ulceration or gangrene, and there is no mechanical obstruction to interrupt the transmission of sound. Hence, it follows, as a necessary corollary, that the natural sound to be elicited "on percussion of a healthy thorax" is not clearly a hollow sound. The sound elicited is certainly less clear and sonorous than that given from the same degree of percussion applied in pneumo-thorax. "When the gaseous effusion is very considerable, the diseased side yields a more distinct sound than the sound one." (Vide Laennec.)

A hollow sound and an empty sound, in my apprehension, denote much the same thing. The natural sound of a healthy thorax made by percussion may be compared with that given when an empty cask is struck. In fact, Avenbrugger some time since, as we are informed by Corvisart, made this comparison; and he considered it an extravagant comparison—obviously, because the resonance on percussion of a healthy thorax was not so clear or loud as that given by an empty or hollow cask. It in some degree approached it, and it cannot be otherwise. If the natural sound made by percussion on the healthy thorax denote a hollow or empty space within, the resonance elicited by this process in cases of pneumo-thorax must denote a space within the thoracic cavity *more than hollow or empty*. This would be an absurdity which it is believed Cruden would be unwilling to admit.

5. "What is a *puerile crepitus*?" If no greater defect can be found in my late essay than the use of the word *crepitus* in lieu of *râle* or *rhonchus*, according to the technology of the schools, I am heartily glad; the essay is less imperfect than I expected.

And now, Mr. Editor, I owe an apology for the space I have occupied in this communication. Had it only concerned myself, I certainly should have remained silent. How far I may have succeeded in giving satisfactory answers to your correspondent's inquiries, I leave the candid and experienced to determine. If I have failed in this particular, I have succeeded in accomplishing a far greater and more important object, that is, in bringing the generally neglected subject of auscultation before the medical public. It may invite more attention to the subject, and draw forth some more able and experienced pen. As for myself, I lay no great claim to accurate and nice skill in the exploration of thoracic diseases by auscultation. And yet, what little knowledge I possess on this subject, I regard of more value than a large fortune, because by it I am enabled to treat this class of diseases with more success and confidence; and in numerous instances to give prognoses with the utmost certainty, when without the evidence derived by this additional source of information all would have remained in doubt and conjecture.

Middlebury, Vt. Dec. 15th, 1836.

J. A. ALLEN.

HERMAPHRODISM, OR MONSTROSITY.

[Communicated for the Boston Medical and Surgical Journal.]

SEPT. 14th, 1836, Mrs. H. after a natural labor of six hours, was delivered of a full-grown and perfect child, with the following exceptions. On an attempt to secure the umbilical cord, an unnatural appearance of the whole region, from a short distance above the proper place of the umbilicus superiorly, to the pubic and inguinal region inferiorly and laterally, as far as the anterior superior spinous processes of the ilium, presented itself. The contained region, previous to the child's breathing, appeared somewhat elevated, and very much resembled a mass of coagulated blood, through which the umbilicus appeared to pass. But up-

on a closer examination, and an attempt to remove the extraneous substance as I then considered it, from the obscure light, I found it to be the anterior walls of the abdomen, consisting of a thin elastic texture very much resembling mucous membrane, which immediately on the child's breathing and crying protruded to the distance of an inch or more, and seemed to contain the whole contents of the abdomen, or abdominal viscera, forming a circular tumor of six or eight inches in circumference. From the superior third of this tumor, the umbilical cord originated, of less than common size, and seemed rather to come through and from the viscera of the abdomen, than from the membrane forming the walls of the tumor. The integuments surrounding this tumor appeared natural, but on the tumor there could not be found a fibre of muscle or tendon.

On elevating the inferior edge of this tumor, the scrotum was found perfect and in natural position. At the junction of the tumor and the true skin, and directly beneath the symphysis pubis, there was a fissure or foramen, of sufficient size to admit a pipe stem, which appeared to extend some depth, but no penis or urethra could be found. I made the application of a swathe besmeared with lard, and succeeded in reducing the tumor almost to its original size, and left the child alive and comfortable, but did not expect it could live long.

About four weeks after, I was consulted by the parents as to the probable result or length of time the child could live. It had grown well and enjoyed good health, with the exception of an occasional paroxysm of distress resembling colic. It had urinated, and had stools regularly. The urine was discharged at the foramen before named. The comparative size of tumor had rather increased, as they had been unable to retain it in the position I first left it. Some portion of its surface appeared inflamed and ulcerated. No indications of the formation of a true skin or muscular fibres. Mrs. H. is about 26 years of age, the mother of two perfect children. Since the birth of the second, which is about two years, she has had an umbilical hernia, which during her last pregnancy has been of much inconvenience.

I was yesterday in the neighborhood of said child, but had not time to visit it; learned that it was alive, but very feeble, and parents thought it could not live long. I hope to be permitted to make a post-mortem examination, should it not survive.

Yours,

Lanesborough, Dec. 24, 1836.

J. W. PALMER, M.D.

MEMOIR OF JOHN APTHORP BULFINCH, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

JOHN A. BULFINCH was born in Boston, March 26, 1806. He received the first rudiments of classical education in the public Latin school, until May, 1818, when he accompanied his family to the city of Washington, where his father had received the appointment of architect of the Capitol of the United States. He here pursued his studies under an able teacher until 1821, when he entered Columbia College in the city of

Washington. After finishing his college course with reputation, he commenced his professional studies in the medical school of the same college, and under the particular direction and instruction of Dr. Thomas Sewall, the distinguished Professor of Anatomy, and after three years of devoted attention obtained the degree of M.D. Soon after this, he visited his relations and friends in Boston, with the intention of remaining there; but finding the field too much occupied by older and well-established physicians, to afford much prospect of immediate practice, he returned in a few months to Washington. He passed a year in Virginia, in charge of the instruction of the children of a respectable family, and in occasional practice; and another year, at the head of a large academy, at Warrenton, Ga., near Augusta, at which place his brother, Rev. S. G. Bulfinch, was settled as pastor of the Unitarian Church. Thus with the usual alternations of hope and disappointment, which so commonly attend the young practitioner, without abandoning his profession, he availed himself of temporary occupations till a favorable opening for professional practice should be presented. At the close of his engagement at Warrenton, he declined renewing it for another term, though solicited to do so by the trustees; but, urged by his fondness for his profession, removed to Augusta, and became connected with Dr. Alexander Cunningham, an eminent physician in full practice. While in Augusta, the situation which he accepted and continued to hold for the short remainder of his life, presented itself, at Hebron, a small town situated seventy miles from Augusta, and twelve from Milledgeville, the capital of the State of Georgia. To this place he removed in 1834, and found himself among intelligent and friendly people, with a sphere of usefulness opening upon him. From an interesting letter from the Rev. Mr. Bulfinch, we have been permitted to make the following extracts.

"My brother had mentioned in one of his letters that he had been unwell; but spoke of it so slightly, that I considered it an attack that had passed over. He fell a victim to his professional fidelity. The sickness of which he wrote me, had confined him to the house about three days, and was undoubtedly brought on by over exertion. He recovered—but only to renew his exertions. He was looking forward to some relaxation, and preparing for a promised visit to Augusta, when he was seized with the sickness which cut him down in the prime of his opening usefulness. On the day when he showed symptoms of a return of his sickness, he went the distance of half a mile, to visit a patient, and could hardly be persuaded to go back. A physician was sent for, who came and passed the next night with him. He says that when he first saw him, he made those convulsive motions with his arms, which are the indications of the most fatal kind of typhus fever. A degree of delirium, or rather, a dreamy forgetfulness, continued to the last. His last struggle was easy. He could of course give no indications of a religious character, beyond those afforded by an exemplary life of energetic, self-sacrificing usefulness, always sustained by professed christian principles. He was buried on Sunday, and a very large number attended. His host undertook the arrangements, which were highly respectable. He was buried near the Baptist meeting house, about half a mile from his place of residence.

"I found that my brother had been engaged in practice far beyond my expectation. He was conscientiously attentive to all, remaining with the sick sometimes through the night; and never sparing himself when it was possible to relieve a fellow being. To use the words of a neighbor, 'he always seemed more attentive to a person that could not pay, than to one that could.' His success in the cases he had, was great. The most entire confidence was reposed in him by all around, and the deepest feelings of respect and affection that could exist towards one, almost a stranger, exhibited by all with whom I have spoken of him. He had been solicited to remove to Saundersville and to Milledgeville, but he felt under obligations to the kind people of the neighborhood, and wisely, as far as he could foresee, determined to remain among them, or at least against any immediate change."

John A. Bulfinch was one of those who have not their reward on earth. This was to him a scene of trial and discipline for heaven; but I thank God that he was permitted to live thus long, to give convincing proofs of his talents and energy. I forego, then, with something like resignation, the course of extensive usefulness, reputation and earthly happiness, which he appeared to have entered upon, for he has a better inheritance on high.

DIERVILLA CANADENSIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A plant in this vicinity is held in high repute as a *specific* for the erythematic inflammation of the *Rhus toxicodendron*, *Rhus radicans*, &c. An infusion of the bruised leaves and twigs is applied. It is said to be an old *Indian* remedy. I understand it is used, also, in calculous affections. It is called, in popular language, Bush honeysuckle; *Diervilla Canadensis* of Eaton, and is thus described. Peduncles axillary and terminal, dichotomous, B flowered: leaves ovate, serrate, acuminate; two to three feet high. Perhaps Professor Tully, Dr. Hooker, or some one of your numerous correspondents, can give us some further information respecting its medical properties. I believe it has properties worthy of investigation.

Yours, &c.

Great Barrington, Ms. Jan. 2, 1837.

N. B. PICKETT.

TRACHEOTOMY—POISONING BY SULPHURIC ACID.

[FROM the mass of interesting matter contained in the foreign journals lately received, we copy the following report of proceedings at a meeting of the Westminster Medical Society, on the 15th of October last.]

Mr. Quain related the following case. A child, æt. two and a half years, was brought to the North London Hospital, having swallowed some sulphuric acid, the exact strength of which could not be ascertained. He found extreme difficulty of breathing, threatening suffocation.

He immediately commenced tracheotomy, but whilst performing it the child ceased to breathe; the lips became livid; in fact, it was *in articulo mortis*. He, however, proceeded with the operation; very slight hæmorrhage occurred, but he had to tie one vein. A tube was introduced, and air directed into the lungs from the mouth of the surgeon, no other apparatus being at hand. In half a minute the large arteries began to beat, the face brightened, and the artificial respiration being kept up for some time, two other persons assisting, the child revived, and lived for three days, but then died from bronchitis, the inflammation having spread downwards from the glottis. On examination, the depth of the incision to the trachea was found very great, from the quantity of fat covering the lower part of the neck; the veins were pretty numerous. On opening the trachea from behind, puriform fluid was found effused into it. The orifice of the glottis was very small, and there was great thickening about the epiglottis. None of the acid had reached the œsophagus. Did the Members think that the efficacy of air directed into the lungs would be increased, if its temperature were slightly raised? He did not think the child had suffered from the absence of apparatus.

Dr. Johnson thought, that if apparatus were ready it would be better, but on emergencies breath from the lungs should be immediately employed. Regarding poisoning, it was remarkable what a protecting sensibility parts possessed for rejecting acrid substances. In this case none of the poison had gone into the œsophagus, and he believed none into the trachea. Tracheotomy was not fully appreciated. A gentleman whom he attended twenty-four years ago, Mr. Price, of Portsea, though *in articulo mortis*, from intense laringitis, recovered by tracheotomy, and still lives, breathing through a tube, but he has not spoken since. He removes the tube occasionally to clean it, sometimes keeping it out for two or three hours, the orifice retaining its character until the tube is returned. He suffers little inconvenience from the foreign body, all the parts seeming to have got perfectly used to it. Regarding poisoning by sulphuric acid, a curious case was related in the "Transactions of the London Medical Society," in which two ounces, in its concentrated state, were swallowed. After some severe symptoms the patient rallied, and apparently recovered; but a few days afterwards, during a severe fit of coughing, he brought up a quantity of the acid in its pure state, which produced a fatal inflammation about the trachea, the acid having been a fortnight in the stomach. After death, it was ascertained that this acid had been surrounded by a cyst formed by secretions from the stomach, which burst during the coughing.

Mr. Ure said that some experiments which he had lately performed seemed to corroborate this case. Sulphuric, nitric, and other acids being dropped into albumen, a cyst formed around the globules of acid, and kept them pure for a long period.

Mr. Costello had seen three patients who lived by the same means as Mr. Price. In one, a very delicate woman, tracheotomy relieved a gradual extinction of the voice, supposed to arise from a gradual decrease of size in the natural passage for the air. While using the tube, unsuccess-

ful attempts were made to enlarge the natural opening. The operation was performed three years since. Her voice is particularly unpleasant to hear; she cannot articulate without one finger being placed on the end of the tube, but he had seen a patient who could speak without this manœuvre, owing, perhaps, to more air passing through the trachea than in the other case.

Mr. Quain had seen a man in Paris, who had cut his throat, who breathed for two years through a tube. The glottis was obstructed by a septum, and nothing would pass into the trachea from the mouth. After a time he required a longer instrument, a small tubercle having been caused by the irritation of the tube on the anterior of the trachea. He thought that in such cases as he had first related, the tube should be removed in a few hours, for when inflammation existed at the upper part of the trachea, a foreign body might cause the inflammation to descend. In his case the child was without the tube for the last twenty-four hours of its life. Regarding the speaking, he had noticed that his little patient had exceeding difficulty of breathing when it spoke, which probably arose from a greater effort of the breath to pass through the natural passage, being enough to produce speech, for on taking out the tube in these attacks, it was found clogged up, and impervious.

Dr. A. T. Thompson said, that the temperature of the resuscitating air was of no importance, its effect on the lungs not being chemical, but mechanical. He had never seen any disadvantage from breath being employed. Regarding tracheotomy, it might be asked whether it would not be useful in some cases in which suffocation was not threatened—such, for instance, as in laryngeal phthisis, where ulceration had proceeded to a great extent, in which hectic was brought on, and the patient was sinking, though his lungs might be apparently sound. The mischief, in such cases, probably arose chiefly from irritation caused by the air passing over the ulcerated surfaces. Tracheotomy performed low down might remove this irritation, and perhaps save the patient.

Dr. Johnson had frequently thrown out this suggestion in the *Medico-Chirurgical Review*. He considered, that if disease was ascertained to be confined to the larynx, many lives would be saved by tracheotomy, if the tube were allowed to remain in, and the ulcerations in the larynx were allowed to heal by quiescence, assisted by counter-irritation. Even if there was a doubt respecting the soundness of the lungs, the patient should have the benefit of it; or even if there were some signs of disease in them, the chance should be given. The operation produced little pain, and without it the patient would die from the other disease.

Mr. H. Thompson considered there might be such cases, but would private patients submit to such an operation? If they did, their friends would say that the operation had killed them. He had generally found in such cases that the lungs were diseased.

Dr. A. T. Thompson said, that many people would act so, but if the case was plainly stated, more would consent.

Dr. Johnson thought the plan should be tried in the hospitals, and if successful there, it would soon find its way into private practice.

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 BOSTON, JANUARY 18, 1837.

LOUIS ON PHTHISIS, TRANSLATED BY C. COWAN.—BOWDITCH'S EDITION.

IN a translation of records of facts, and of conclusions derived from them, an exact representation of the original is an obvious duty. We can tolerate idiomatic expressions, violations of the rules of grammar, and inelegancies of language, but there is no excuse for omissions and mistranslations. They are the consequences of carelessness and ignorance; faults which we should not have anticipated in one who had resided "nearly four years" in Paris, and was so deeply impressed with "the value of M. Louis's works and method" as to present the English reader with a translation of the volume on Phthisis "as a simple consequence of his sincerity."

It is but justice to Dr. Bowditch, to whom we are indebted for this "revised and altered" edition of Dr. Cowan's translation, to give some proof that it deserves its title. The omissions and errors of Dr. Cowan are, however, so numerous, though he professes that he has "neither altered nor abridged the original," that we shall make a selection only. We have noted the following among many passages omitted: a note to the 16th paragraph; the last sentence of the 279th paragraph; the phenomena observed on Feb. 13th in the fourth observation; the second sentence of the 306th, and the last but one of the 369th paragraphs; a large portion of the description of the state of the thorax in the twenty-ninth observation; a very considerable part of the thirty-fifth and thirty-sixth observations; the last sentence of the 432d, and much of the 434th and 457th paragraphs. A disposition to "abridge the original" has often caused Dr. Cowan to misrepresent his author. This is obvious from his omissions in the thirty-sixth observation, in which the description of the symptoms from the 17th to the 24th of November, is supplied by the assertion "no change in symptoms," though they were different from those previous; and a part of those of the night of the 26th are omitted for the shorter expression, "without other symptoms." In the post-mortem account of the same observation we find it stated, "heart and aorta healthy;" though the author informs us that the parietes of the former "were a little thicker than usual."

Some of the passages omitted are such as to excite strong suspicions that Dr. Cowan did not know how to translate them. The 110th and 111th paragraphs will afford a singular proof to those who will compare them with the original. In two instances, the only ones in which the word "acajou," "mahogany color," occurs, Dr. C. does not notice it. The omission of one or more words so as to alter the sense or give an imperfect statement of facts, is very common. The references to observations and paragraphs are frequently omitted.

We have noted the following among many erroneous translations: in the first observation, "pectoriloquy and metallic tinkling during the

cough ; the inspiration and expiration heard in lower part of right side," instead of "pectoriloquy and metallic tinkling during the cough, on inspiration and expiration, heard under the right clavicle ;" in the 176th paragraph, "this appears probable," instead of "does not appear ;" in the beginning of the 275th paragraph, "under one or both clavicles," for "under one of the clavicles." The French "*pinte*," equivalent to the English *quart*, we find translated *pint* in every instance but one, and then incorrectly, *sixteen ounces*. "*Laits de poule*" Dr. Cowan calls "*chicken broth* ;" the editor translates them, "*yolks of egg with water*." We have "*decolorée*," "*decoloration*," translated "*discolored*" and "*discoloration*," instead of "*pale*" and "*paleness*." There is a want of uniformity in the translation of the same words ; thus we have "*pelotonées*" called *nummulated*, *granulated*, *isolated* ; and "*mamelonné*," *mamillated* and *granulated*. One word is substituted for another, as *inferior* for *superior*, *four* for *two*, *percussion* for *auscultation*, &c., frequently making an important misrepresentation of the original.

Enough has been said to show that Dr. Cowan's translation needed revision and alteration. The editor has faithfully performed his task. All the omissions are supplied, and the various errors corrected. We have also observed many improvements in grammar, in the spelling and selection of words ; so that we have now not only an exact, but a more elegant translation. The introduction and additions of Dr. Cowan are retained, and will be found to contain much useful and interesting matter. An analysis of the work is contained in the report read before the Academy of Medicine, a translation of which is introduced into the present edition.

We would, in conclusion, express our thanks to Dr. Bowditch for the praiseworthy anxiety he has shown to introduce to the profession accurate translations of the valuable writings of M. Louis, and trust he will be encouraged to favor us with the remainder of them.

PHYSICIANS IN FOREIGN AND DOMESTIC MISSIONARY SERVICE.

THE American Board of Commissioners for Foreign Missions have acted very wisely in taking into its service physicians and surgeons, who are usually received with marks of distinction, as benefactors, in those benighted regions where moral darkness can never be dispelled, till the mild influences of christianity are introduced by unobtrusive means. The physician rarely fails to secure the confidence of the wildest savage.

At South Africa, Newton Adams, M.D., is stationed. In the interior, among the Zoolahs, Alexander E. Wilson, M.D. At the last accounts he was at Kuruman. At Oormiah, Persia, Asahel Grant, M.D., of whom we have occasionally made mention. He is doing a vast professional business. In that city the principal Persian nobility reside. At Batticotta, Ceylon, Nathan Ward, M.D. ; and at Chavagagherry, John Scudder, M.D., an uncommonly successful operator. At Bankok, the capital city of Siam, Daniel B. Bradley, M.D. The population is estimated at half a million. Among this immense multitude, Dr. Bradley has been furnished with patients so numerous, that he seems not to have been able to prescribe for a tenth part of the applicants for advice. The Prah Klang, or prime minister, expressed his confidence in the doctor, by repeated acts of kindness. In China, the Board have placed Peter Parker, M.D., whose operations, for boldness and success, have

rarely been equalled by any American oculist. Oceanica has one physician stationed at Singapore—Stephen Tracy, M.D. This gentleman sailed from Boston in July last. At Oahu, one of the Sandwich Islands, Garrell P. Judd, M.D.; and Dwight Baldwin, M.D., at the Island of Kauai, or its neighborhood. Dr. Chapin, now a resident and practitioner of this city, was formerly in the service of the Board, at Honolulu.

Among the Indian tribes, the Missionary Society have from time to time sent practitioners, but we have no means of ascertaining, at the present, how they are prized by the distant red men of the West. With the Arkansas Cherokees, at the Fairfield Station, is Dr. Marcus Palmer; Dr. Roderic L. Dodge is with the Creek nation; and with the Pawnees, is Dr. Benedict Satterlee. This gentleman belongs to the State of New York. Mrs. Satterlee, who accompanied her husband, died on the 30th of April last, on the western frontier of Missouri. Dr. Marcus Whitman's assigned field of labor is with the Indians west of the Rocky Mountains. He has travelled extensively. About the 20th of May, he was near the great Platte river. He will doubtless publish a valuable scientific paper on the Flat Head and Nez Perces Indians, at some future day.

Dr. John Steele, of Auburn, N. Y., and wife, sailed from Boston, on the 20th of Nov. last, for Southern India. Thomas Lafore, from Missouri, with his wife, sailed for the Sandwich Islands; and also Dr. Seth L. Andrews, and wife, of Pittsfield, N. Y. We hope for frequent communications from Dr. Andrews, for publication, whenever he finds himself sufficiently established.

Owing to the unfavorable representations of some of the Creek chiefs to the Indian agent, Dr. R. L. Dodge has been recalled, but not in consequence of any alleged misconduct.

Dr. Harlan, of Lahore.—In copying into our medical miscellany, some weeks since, from a newspaper, the account of the dismissal of this gentleman from the service of his highness, Rungeet Syng, Rajah of Lahore, it did not occur to us that we were doing violence to the feelings of any one. Through the Philadelphia Gazette, we have been furnished with an interesting paragraph, in relation to the defamed gentleman, from which we infer that the story was the outpouring of some envious busy-body.

“The Dr. Harlan here alluded to, is a native of Philadelphia, younger brother of Dr. R. Harlan, where his near relatives reside who were in constant correspondence with him, during a residence in India of many years; and are in possession of documents which authorise a contradiction of the statement relative to dismissal. The above-mentioned Dr. H. left Philadelphia for Calcutta some years previous to the Burmese war, during which he served as surgeon in the honorable East India Company's service, resigned his commission at the close of the war, and after considerable travelling in upper India, entered the service of his royal highness, Rungeet Syng, as physician and surgeon—which station he resigned several years since, and has subsequently served two years as Governor of Guzerath, one of the Eastern provinces of Lahore; he also successfully fulfilled the highly important mission of Ambassador to Cabul and Persia during the war of Rungeet with these powers. He has also been repeatedly honored with the highest civil appointments—one of which was *subsequently to the date of his pretended dismissal.*”

West Point Academy.—The following are extracts from the report of the Visiting Committee, on the subject of diet, health, hospital accommodations, &c., at this celebrated military institution.

The fare of all the cadets is precisely alike. They eat at a common table. The furniture of their rooms and their conveniences are the same. In the barracks they sleep on the floor, and on the ground when in camp. They go through guard duty in succession; and, in fine, such are the regulations and discipline, that the combination of military duties with their scientific studies is well calculated, not only to make them industrious and laborious, but to inure them to the hardships of a soldier's life.

This branch of the inquiry involved an examination into the situation of the public buildings, and their fitness for the purposes intended. The accommodation for the cadets, in respect to room, is by no means adequate to their comfort. In rooms of about twelve feet square, three and four, and sometimes a greater number of cadets, are compelled to reside. These rooms are badly constructed. In winter time, some of them are very cold, not having sufficient protection from the wind; and in summer, some are uncomfortably warm, from an absence of ventilation. The buildings which the cadets occupy, are, in fact, in no respect different from the ordinary barracks of the army, except that they are more uncomfortable and built of more substantial materials. The judicious expenditure of a small sum upon this subject, would, in the opinion of the Board, be very desirable.

The want of accommodations for the professors and their assistants is still more manifest. The crowded state of their laboratory and philosophical rooms adds much to the labor of the instructors, and consumes much of their time. Besides this, is the hazard to which much valuable property is necessarily exposed. The philosophical apparatus and the library, which are very valuable, are now in the same building with the chemical laboratory, and, consequently, very much exposed to danger from fires.

The committee have visited the hospital, barracks, and other buildings designed for the use and accommodation of the cadets at West Point, and beg leave to state the following facts: The hospital contains eight rooms for the accommodation of the sick; the whole of which, they are happy to state, have never been tenanted; a strong evidence of the healthy situation of the establishment, particularly when accompanied by the report of the surgeon, who states that his sick report does not exceed an average of five, and a majority of these ephemeral cases of slight headache, or something of that character. On the subject of the barracks, your committee would beg leave to state the following facts. The rooms of the south building are entirely too small, and the openings have been without regard to the prevailing winds of winter; and hence the rooms are cold and comfortless during the inclement season. Your committee would also suggest the propriety of making the rooms spoken of single. The rooms in the north building are larger and better adapted for the purpose for which they were designed. Your committee, however, disapprove of the course pursued in the practice of putting four and even five young gentlemen into one room—a practice at once unfavorable to morals and industry, and which nothing but necessity can excuse. The commons or boarding we found highly to be commended.

Removal of Tumor of the Mouth, with Maxillary Bones.—Mr. Liston, of the North London Hospital, performed an operation in October last, which

is represented as one of the most splendid triumphs which operative surgery has ever achieved. It was for the removal of an enormous fibrinous tumor of the mouth. The patient was a female, aged 20. The tumor was perceived eight years since, projecting from the gum of the superior maxillary bone. Three years and a half since, it had attained the size of a hen's egg, but had not yet been painful. A lancet could not be passed into it, on account of its hardness. It was partially removed at the Hereford Infirmary with a portion of the alveolar processes, by means of a saw and forceps. She was discharged from the infirmary in eight months, with the wound nearly healed, but it again grew rapidly. Two years since she was admitted into Guy's Hospital, and remained fifteen weeks. The surface was ulcerated, with some hemorrhage. There was no attempt at removal.

Sept. 27, when she was admitted into the North London Hospital, the tumor occupied a great part of the cavity of the mouth, and projected forward from beneath the upper lip, which was completely hidden by it. The nose was carried upward and to the right side, so that the nostrils were closed. One part was ulcerated on the surface, the other parts red; the former measuring six and a half inches in one direction, and four and a half in the opposite. From the left angle of the mouth to a line let fall perpendicularly from the ear, was five inches. On the right side, within the mouth, the teeth could only be seen when the tumor was drawn down by a spatula. On the left, the two last molar teeth were all that could be seen when thus drawn down. None of the front teeth could be seen. A spatula could be passed between the tumor and the hard palate on the right side, but not on the left. Mr. Liston considered the tumor not malignant, and anticipated a successful operation.

In order to remove the tumor, after the necessary incisions, the zygomatic arch and the malar bone, near its articulation with the sphenoid and frontal, were divided with the cutting forceps. The nasal process of the superior maxillary bone was next divided, and also the alveolar border of the right superior maxillary bone, together with the corresponding portion of the hard palate. Then, after dividing the adhesions of the masseter, and the reflection of the membrane of the mouth on the upper lip, the diseased mass was lifted away. No vessel required ligature. The operation occupied about seven minutes and a third. The soft palate was found entire. Dossils of lint, moistened with water, were placed in the cavity of the mouth, and also applied over the face. In a fortnight after the operation, she was walking about, and the face was assuming quite a natural appearance.

Medical Miscellany.—The total number of deaths in New Bedford, in 1836, was 230—78 adults and 152 children. The population is 11,000.—In the city of Salem, Mass., deaths 214.—In the town of Chelsea, near Boston, there were only 32 deaths. We suppose those occurring at the Marine Hospital were not included in this return, which evidences the purity of the atmosphere in the suburbs of the city.

DIED,—In Pomfret, Ct., Dr. Joseph Waldo, aged 60.

Whole number of deaths in Boston for the week ending January 14, 32. Males, 13—females, 19.

Old age, 6—dropsy on the brain, 5—pleurisy fever, 2—consumption, 5—scald, 1—enlargement of the heart, 1—lung fever, 2—inflammation of the chest, 1—smallpox, 1—debility, 1—infantile, 2—measles, 1—suicide, 1—sudden, 1—stillborn, 1.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

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VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

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On the Principles and Practice of Surgery - - - - " DR. OTIS.
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The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$10—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
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Nov. 20.

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Franklin Street, Nov. 9, 1836.

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R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

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